

AMERADA HESS CORPORATION

732-750-6000
732-750-6105 (FAX)

1 HESS PLAZA
WOODBIDGE, NJ 07095-0961

Rec'd
6/2/00
JH/m
5/15

June 18, 1999

Ms. Mary Letzkus
US EPA – Reg. III
1650 Arch St.
Philadelphia, PA 19103-2029

EXPRESS MAIL

Re: Amerada Hess Corporation
Washington, DC Terminal
NPDES Permit #DC0000051
NPDES Permit Renewal Application


Dear Ms. Letzkus:

Per our conversation, enclosed please find the NPDES permit renewal application package for the referenced facility. As discussed, the facility has not discharged stormwater since December 1993; therefore, most of the data provided within the last application (dated 12/22/93) has been used for this application. The only exception is that the 1993 facility monitoring data for pH and Oil & Grease have also been used.

If you have any questions or require additional information, please call me at (732) 750-6722.

Yours truly,

AMERADA HESS CORPORATION


Howard S. Goldman, Supervisor
Permit Compliance

HSG/cw
Enc.

Cc: Mr. W. Ruby, Dist. of Columbia Government (w/enc.)

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting)		1. EPA I.D. NUMBER						
<div style="font-size: 48pt; font-weight: bold;">EPA</div>		<div style="font-size: 24pt; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</div>		S						
				F DCD045493814						
				1 2 - 13 14 15						
LABEL ITEMS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.								
I. EPA I.D. NUMBER										
III. FACILITY NAME										
V. FACILITY MAILING ADDRESS										
VI. FACILITY LOCATION										
II. POLLUTANT CHARACTERISTICS										
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.										
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS		MARK "X"				
		YES	NO	FORM ATTACHED			YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
		16	17	18			19	20	21	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
		22	23	24			25	26	27	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
		28	29	30			31	32	33	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
		34	35	36			37	38	39	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
		40	41	42			43	44	45	
III. NAME OF FACILITY										
C		1 SKIP AMERADA HESS CORPORATION								
		15 16 - 29 30 69								
IV. FACILITY CONTACT										
A. NAME & TITLE (last, first, & title)					B. PHONE (area code & no.)					
C		2 H. GOLDMAN, SUPERVISOR PERMIT COMPLIANCE			732		750		6000	
		15 16			45 46 - 48		49 - 51		52 - 55	
V. FACILITY MAILING ADDRESS										
A. STREET OR P.O. BOX										
C		3 ONE HESS PLAZA								
		15 16 45								
B. CITY OR TOWN					C. STATE		D. ZIP CODE			
C		4 WOODBRIDGE			NJ		07095			
		15 16 40			41 42		47 - 51			
VI. FACILITY LOCATION										
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER										
C		5 1620 SOUTH CAPITOL STREET SE								
		15 16 45								
B. COUNTY NAME										
N/A										
46 70										
C. CITY OR TOWN					D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C		6 WASHINGTON			DC		20003			
		15 16 40			41 42		47 - 51		52 - 54	

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VII. SIC CODES (4 digit in order of priority)									
A. FIRST					B. SECOND				
C	7	5171	(specify)		C	7	(specify)		
15	16	-	19	Petroleum Bulk Storage & Distribution	15	16	-	19	N/A
C. THIRD					D. FOURTH				
C	7	(specify)			C	7	(specify)		
15	16	-	19		15	16	-	19	N/A
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII-A also the owner?	
C	8	AMERADA HESS CORPORATION							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16								55 66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)					D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) (specify)					C	A	732	750	6000
S = STATE O = OTHER (specify)					15	16	-	18	19 - 21 22 - 25
P = PRIVATE									
E. STREET OR P.O. BOX									
ONE HESS PLAZA									
26									
F. CITY OR TOWN					G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C	B	WOODBIDGE			NJ	07095	Is the facility located on Indian lands?		
15	16				40	41	42	47	- 51
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
					52				
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I			C	T	I		
9	N		DC0000051		9	P		N/A	
15	16	17	18		30	15	16	17	18
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	T	I			C	T	I		
9	U		N/A		9				(specify)
15	16	17	18		30	15	16	17	18
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I			C	T	I		
9	R		N/A		9				(specify)
15	16	17	18		30	15	16	17	18
XI. MAP									
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.</p>									
XII. NATURE OF BUSINESS (provide a brief description)									
<p>The applicant maintains an inactive bulk petroleum storage and distribution facility. The facility requires an NPDES permit for the discharge of stormwater runoff to the Anacostia river via outfall 001. Authorization to discharge hydrostatic test water and wash water is also requested.</p>									
XIII. CERTIFICATION (see instructions)									
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Robert T. Ehrlich, Vice President Corporate Environmental Affairs					Robert T. Ehrlich			6/21/99	
COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16								

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW					
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		c. DUR- ATION (in days)	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		
001	Hydrostatic test water Wash water * Please refer to attachment.	*	*	*	*	*	*	*	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION

a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	2. AFFECTED OUTFALLS (list outfall numbers)
N/A			

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COM- PLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. RE- QUIRED	b. PRO- JECTED
N/A					

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

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CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Xylenes (OM&P)	Gasoline Constituent (Effluent Concentration < 20 ug/l)		
MTBE	Gasoline Constituent (Effluent Concentration < 10 ug/l)		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

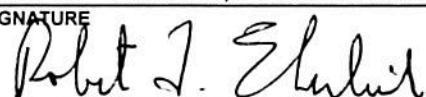
☒ YES (list all such pollutants below)☐ NO (go to Item VI-B)

Naphthalene - Oil Constituent
Oil & Grease - Oil & Gasoline Constituent
Benzene - Gasoline Constituent
Toluene - Gasoline Constituent
Ethylbenzene - Gasoline Constituent

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VII. BIOLOGICAL TOXICITY TESTING DATA	
Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?	
<input type="checkbox"/> YES (identify the test(s) and describe their purposes below)	<input checked="" type="checkbox"/> NO (go to Section VIII)
N/A	

VIII. CONTRACT ANALYSIS INFORMATION			
Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?			
<input checked="" type="checkbox"/> YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) <input type="checkbox"/> NO (go to Section IX)			
A. NAME	B. ADDRESS	C. TELEPHONE <small>(area code & no.)</small>	D. POLLUTANTS ANALYZED <small>(list)</small>
Environmental Testing and Certification Corporation	284 Raritan Center Parkway Edison, NJ 08818	732-225-6700	All pollutants analyzed.

IX. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
A. NAME & OFFICIAL TITLE (type or print) Robert T. Ehrlich, Vice President, Corp. Environmental Affairs	B. PHONE NO. (area code & no.) 732-750-6000
C. SIGNATURE 	D. DATE SIGNED 6/21/99

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.

001

PART A- You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional) a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		
	(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)		(2) MASS
	CONCENTRATION		CONCENTRATION		CONCENTRATION					CONCENTRATION		
a. Biochemical Oxygen Demand (BOD)	7						1	mg/l				
b. Chemical Oxygen Demand (COD)	22						1	mg/l				
c. Total Organic Carbon (TOC)	6.2						1	mg/l				
d. Total Suspended Solids (TSS)	<5						1	mg/l				
e. Ammonia (as N)	0.4						1	mg/l				
f. Flow	VALUE 0.04		VALUE		VALUE 0.016		estimate	MGD	VALUE			
g. Temperature (winter)	VALUE 9.5		VALUE		VALUE		2	°C	VALUE			
h. Temperature (summer)	VALUE 22.2		VALUE		VALUE		3	°C	VALUE			
i. pH	MINIMUM 6.3	MAXIMUM 9.3	MINIMUM	MAXIMUM			10	STANDARD UNITS				

PART B- Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. <i>(if available)</i>	2. MARK 'X'		3. EFFLUENT								4. UNITS		5. INTAKE <i>(optional)</i>		
	a. BELIEVED PRE-SENT	b. BELIEVED AB-SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANAL-YSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL-YSES	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1)	(2) MASS		
												CONCENTRATION	MASS		
a. Bromide (24959-67-9)		X													
b. Chlorine, Total Residual		X													
c. Color		X													
d. Fecal Coliform		X													
e. Fluoride (16984-48-8)		X													
f. Nitrate— Nitrite <i>(as N)</i>		X													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRE-SENT	b. BELIEVED AB-SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		5.1				<2.0		10	mg/l				
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANAL- YSES	4. UNITS		5. INTAKE (optional)		
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS N/A											

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)	X			< 4						1	ug/l				
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloroben- zene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)	X			< 7						1	ug/l				
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

DCD045493814

001

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANAL- YSES	4. UNITS		5. INTAKE (optional)		
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetra- chloroethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)	X			1.1						1	ug/l				
26V. 1,2-Trans- Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Tri- chloroethane (71-55-6)			X												
28V. 1,1,2-Tri- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X												
30V. Trichloro- fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chloro- phenol (95-57-8)			X												
2A. 2,4-Dichloro- phenol (120-83-2)			X												
3A. 2,4-Dimethyl- phenol (105-67-9)			X												
4A. 4,6-Dinitro-O- Cresol (534-52-1)			X												
5A. 2,4-Dinitro- phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M- Cresol (59-50-7)			X												
9A. Pentachloro- phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Tri- chlorophenol (88-06-2)			X												

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroiso- propyl) Ether (102-60-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromo- phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a, h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Dichloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

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001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS(continued)															
22B. 1,4-Dichloro- benzene (106-46-7)			X												
23B. 3,3'-Dichloro- benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro- toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro- benzene (118-74-1)			X												
34B. Hexachloro- butadiene (87-68-3)			X												
35B. Hexachloro- cyclopentadiene (77-47-4)			X												
36B. Hexachloro- ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)	X			<2						1	ug/l				
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitroso- dimethylamine (62-75-9)			X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS(continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α -BHC (319-84-6)			X												
3P. β -BHC (319-85-7)			X												
4P. γ -BHC (58-89-9)			X												
5P. δ -BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α -Endosulfan (115-29-7)			X												
12P. β -Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE V-8

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001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANAL- YSES	4. UNITS		5. INTAKE (optional)		
	a. TEST- ING RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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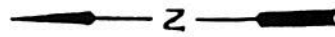
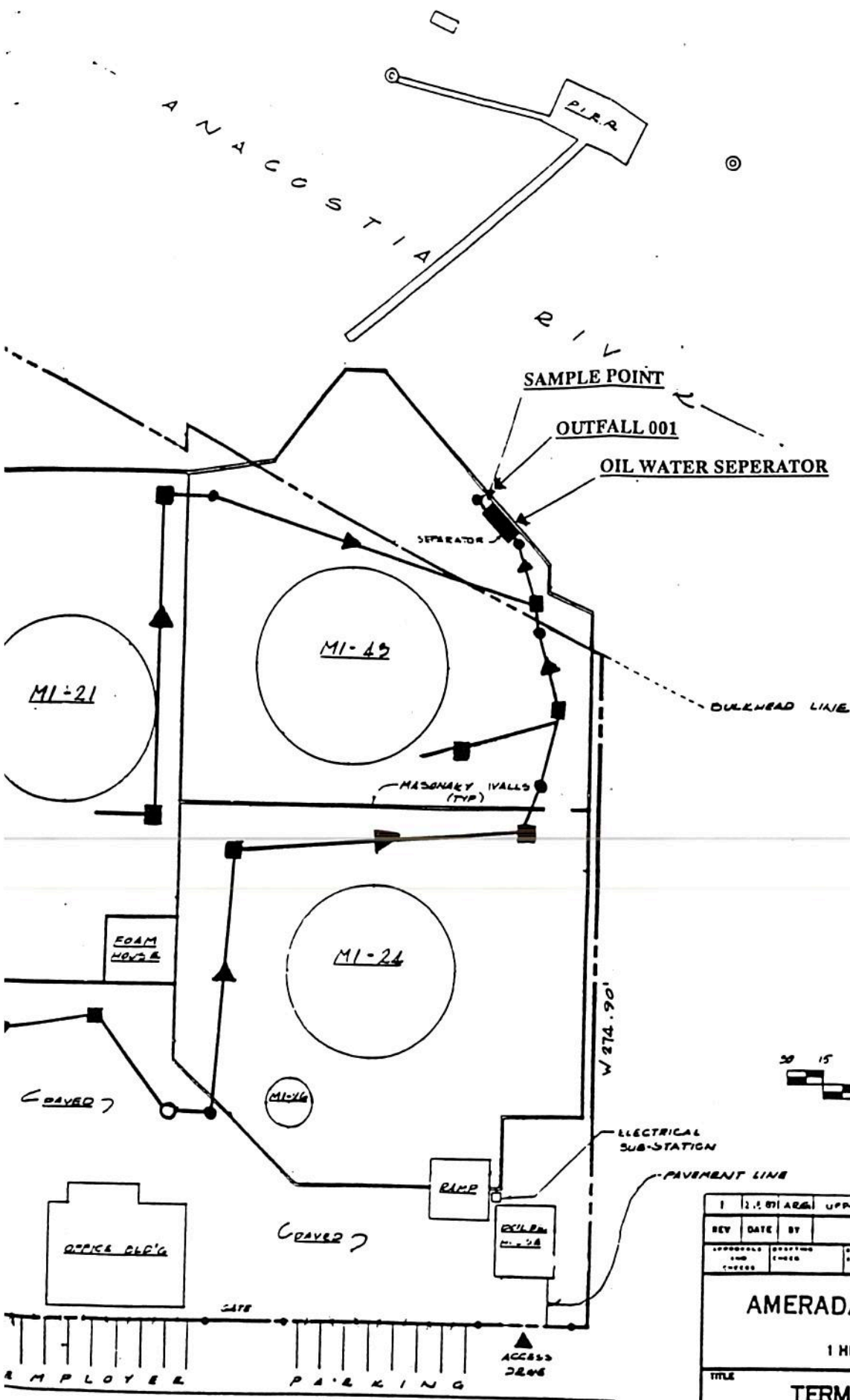
The facility is an inactive bulk petroleum Terminal. If the facility is brought back into operation the tanks would need to undergo hydrostatic testing. Testing would be performed by filling the tanks with water and discharging the tanks after ensuring the tank's integrity. The tanks would be fully cleaned prior to filling with water.

If the facility is dismantled or put back into operation, wash water may be generated and need to be discharged. A non-emulsifying detergent would be used and the washwater would be treated by the oil/water separator.

underground tanks?
- dismantlement?

USGS Facility Location Map

Facility Plot Plan

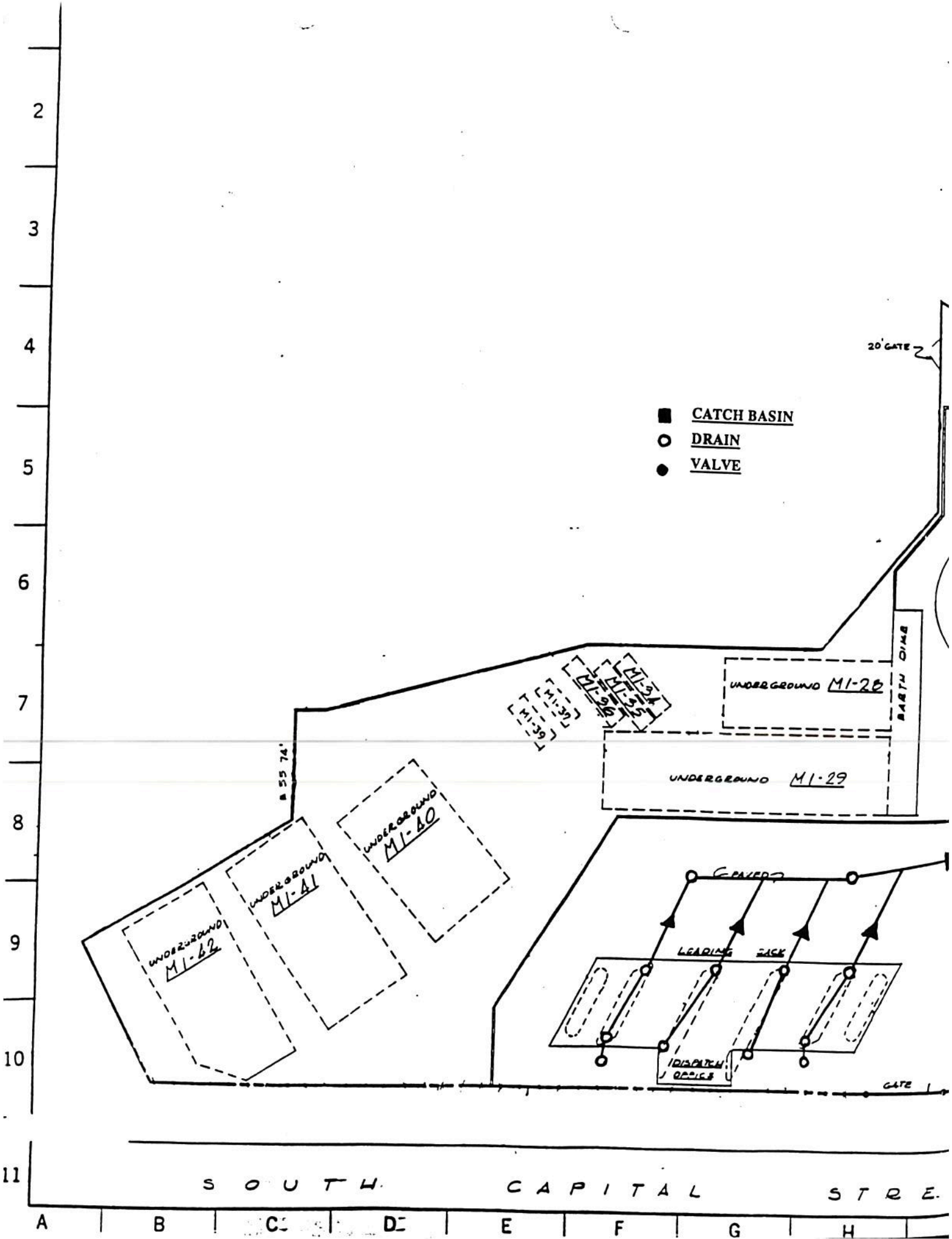


TANK NO	NOMINAL CAPACITY (BBL)
MI-21	31,241
MI-24	24,580
MI-26	1,006
MI-28	7,535
MI-29	12,142
MI-34	555
MI-35	595
MI-36	595
MI-40	9,257
MI-41	11,572
MI-42	10,739
MI-43	71
MI-57	595
MI-59	595

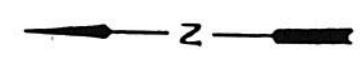
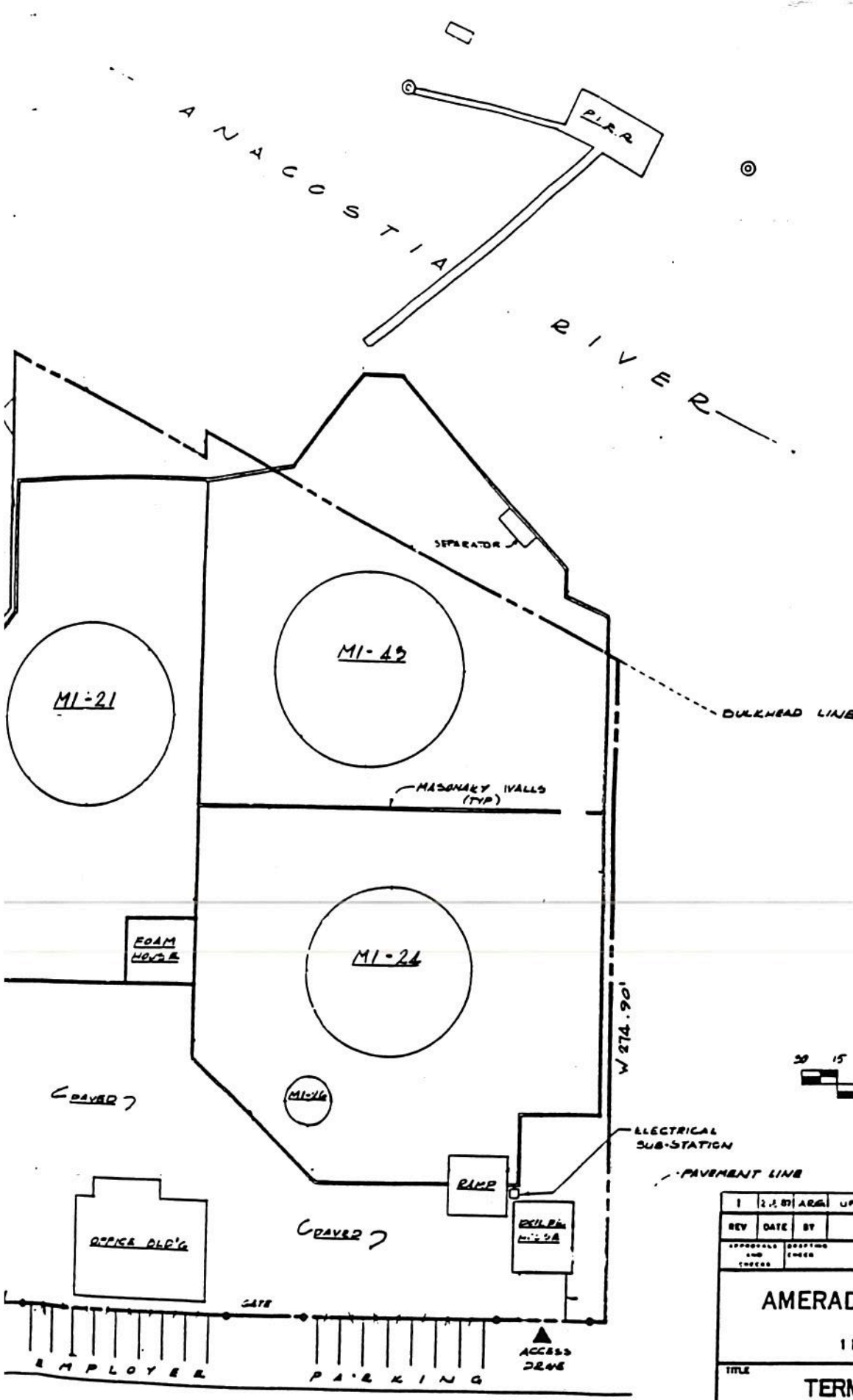


1 12.1.81 ARB UPDATED PER T & C REVIEW				
REV	DATE	BY	DESCRIPTION	CHECK
APPROVALS AND CHECKS	DESIGNING CHECK	DESIGN APPROVAL	PROJECT ENG APPROVAL	
<p align="center">AMERADA HESS CORPORATION</p> <p align="center">1 HESS PLAZA, WOODBRIDGE, N.J.</p>				
TITLE			PROJECT NO	S.P.E. NO.
<p align="center">TERMINAL PLOT PLAN</p>			SCALE 1" = 30'	DRAWN BY MBY
			DATE	8-1-
			LOCATION	
			DESIGNED BY	

E T



Facility Drainage Diagram



TANK NO	NOMINAL CAPACITY (B)
MI-21	31,241
MI-24	24,580
MI-26	1,006
MI-28	7,535
MI-29	12,142
MI-34	595
MI-35	595
MI-36	595
MI-40	9,257
MI-41	11,572
MI-42	10,735
MI-43	71
MI-57	545
MI-59	743



1 2.1.81 ARG. UPDATED PER T.E. & C. REVIEW				
REV	DATE	BY	DESCRIPTION	
APPROVALS AND CHECKS	DRAFTING CHECK	DESIGN APPROVAL	PROJECT ENG. APPROVAL	
AMERADA HESS CORPORATION 1 HESS PLAZA, WOODBRIDGE, N.J.				
TITLE TERMINAL PLOT PLAN			PROJECT NO. 040-A-101	
WASHINGTON D.C.			SCALE 1" = 30'	

E. E. T

EMPLOYER PARKING

SAFE

ACCESS DRIVE

W 274.90'

PAVEMENT LINE

OFFICE BLD'G

FOAM HOSE

SEPARATOR

P.R.R.

ANACOSTIA RIVER

MI-21

MI-45

MI-24

MI-26

MI-36

RAMP

ELECTRICAL SUB-STATION

GATE

1 2 3 4 5 6 7 8 9 10 11 12

2

3

4

5

6

7

8

9

10

11

20' GATE

8 55 74'

UNDERGROUND
M1-62

UNDERGROUND
M1-61

UNDERGROUND
M1-60

[M1-39]
[M1-38]
[M1-37]
[M1-36]
[M1-35]
[M1-34]

UNDERGROUND M1-28

UNDERGROUND M1-29

GRAVED?

LEADING JACK

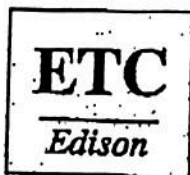
DISPATCH
OFFICE

GATE

S O U T H C A P I T A L S T R

A B C D E F G H

Laboratory Reports



An ETC Laboratory

ETC
 284 Raritan Center Parkway
 Edison, NJ 08818-7808
 (908) 225-6700

FAX TRANSMITTAL

DATE: 12/22 TIME: _____
 TO: DAVE EDWARDS
WALT TOOMER FAX #: 750-6799
Hess
 (Company)
 FROM: Chris Blank FAX #: 908/225- 6777

TOTAL # PAGES: 2
 (including cover page)

MESSAGE/SPECIAL INSTRUCTIONS:

Analysis	Result	MDL
COD	22 mg/L	10 mg/L
TSS	45 mg/L	5 mg/L
TOC	6.2, 6.0 mg/L	1.0 mg/L
O+G	1.4 mg/L	1.1 mg/L
BOD	7 mg/L	2 mg/L
Ammonia	0.4 mg/L	0.2 mg/L

min detection level 2

// Hard copy to follow via regular U.S. Mail
 // Hard copy to follow via Federal Express

ETC

DATA MANAGEMENT SUMMARY REPORT (DM-OC) - All Parameters Tested, Selected Samples

 DATE: 12/22/93
 PAGE: 1

Chain of Custody Data Reported for ETC Data Management Summary Report				
Site No.	AMERADA HESS CORPORATION	AYOWAS DC	See below	
ETC Sample No.	Company	Facility	Sample Point	Date

Parameters		Sample Point, Sampling Date and ETC Sample No.						
UNIT		001	9312 S	65704				
Miscellaneous Parameters								
Benzene	ug/l	<	4					
Ethylbenzene	ug/l	<	7					
Methyl tertiary butyl ether	ug/l	<	10					
Naphthalene	ug/l	<	2					
Toluene	ug/l	B	1.1					
m-Xylene	ug/l	<	10					
o+p-Xylenes	ug/l	<	10					

Footnotes: BMDL=Below Method Detection Limit; NC=Parameter not detected; *-Parameter not tested; B=BMDL (Value Reported); <=MD (MDL Reported)